Effective October 1, 2003												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER TH				
TOTAL CLAIMS			74					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			7.4 minus 20=		·%\			X\$ 9=	u8 %	OR	X\$18=	
INE	EPENDENT C	LAIMS	\W m	inus 3 =	• //	`.		X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT						· 🗖		4.00	473	1	·	
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=	10.	OR	+290=	
- 11		· C	TOTAL O	1341	OR	TOTAL	714001					
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA	RAT	RATÉ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 74	Minus	2	.4	=		X\$ 9=	1	OR	X\$18=	•——
	Independent	. 12	Minus	. *** /	4	-		X43=		OR	X86=	<del></del>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT. CLAIM							+145=	·	OR	+290=	
(Column 1) (Column 2) (Column 3)								TOTAL		00	TOTAL	_
							ADDIT. PEEL					
AMENDMENT B		CLAIMS .		HIGHE	EST	E 200	١.,	N 180 a	ADDI-			ADDI-
	• •	AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	** .		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+145=		OR	+290=	
							L	TOTAL			· TOTAL	
(Column 1) (Column 2) (Column 3)								DOIT FEE L	·.	•	ADDIT. FEEL	
	`	CLAIMS	•	HIGHE	ST		Г		ADDI-	. 1		ADDI-
AMENDMENT C	•	REMAINING . AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total		Minus	**		<b>=</b> .		X\$ 9=		OR	X\$18=	
	independent	•	Minus	***		=	II	X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.										OR	+290=	. ·
** 1	the 'Highest Nu	mber Previously Pa mber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is	less than	20, enter "20."	A	DDIT. FEE		OR,	TOTAL LODIT. FEE	
		ther Previously Pair					e four	od in the anni	noriate box	in cob	ımn 1.	

Application or Docket Number